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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	A-034
	<b>First Named Inventor</b>	Rafal, Howard et al.
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	09 / 778,281
	<b>Filing Date</b>	February 7, 2001
	<b>Group Art Unit</b>	2152
	<b>Examiner Name</b>	Unassigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Methods and apparatus for creating and hosting customized virtual parties via the Internet**

the specification of which (Title of the Invention)  
☐ is attached hereto  
OR  
☒ was filed on (MM/DD/YYYY) **02/07/2001** as United States Application Number or PCT International Application Number **09/778,281** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/180,933	Feb. 8, 2000	

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number **021253** → ☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number **021253** OR ☐ Correspondence address below

Name	Charles G. Call				
Address	Patent Attorney				
Address	53 Saint Stephen Street				
City	Boston	State	MA	ZIP	02115
Country	U.S.A.	Telephone	(617) 266-2925	Fax	(617) 424-6779

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Howard	Rafal

Inventor's Signature	<i>Howard Rafal</i>			Date	8/10/01
Residence: City	Somerville	State	MA	Country	U.S.A.
Post Office Address	122 Heath Street				
Post Office Address					
City	Somerville	State	MA	ZIP	02145
				Country	U.S.A.

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Anders				Eckman			
Inventor's Signature					Date		
Residence: City		Andover	State	MA	Country	U.S.A.	Citizenship
Post Office Address		93 Salem Street					
Post Office Address							
City		Andover	State	MA	ZIP	01810	Country
						U.S.A.	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Sidney				Probstein			
Inventor's Signature		<i>Sidney Probstein</i>			Date		8/10/01
Residence: City		Brookline	State	MA	Country	U.S.A.	Citizenship
Post Office Address		99 Pond Street					
Post Office Address		Apt. 803					
City		Brookline	State	MA	ZIP	02445	Country
						U.S.A.	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City			State		Country		Citizenship
Post Office Address							
Post Office Address							
City			State		ZIP		Country

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Anders				EKMAN Eckman			
Inventor's Signature				Date		3/14/01	
Residence: City		Andover		State		MA U.S.A.	
Post Office Address		93 Salem Street		Country		U.S.A.	
Post Office Address				City		Andover	
City		Andover		State		MA ZIP 01810 Country U.S.A.	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Sidney				Probstein			
Inventor's Signature				Date		3/14/01	
Residence: City		Brookline		State		MA U.S.A.	
Post Office Address		99 Pond Street		Country		U.S.A.	
Post Office Address		Apt. 803		City		Brookline	
City		Brookline		State		MA ZIP 02445 Country U.S.A.	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State		Country Citizenship	
Post Office Address				City			
Post Office Address				State		ZIP Country	
City				State		ZIP Country	

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